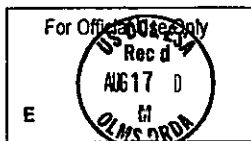


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9076</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Mark R Nidoff</u> P O Box Bldg Room No if any Street <u>5134 Lakewood</u> City <u>Kansas City</u> State <u>KANSAS</u> ZIP Code + 4 <u>66104</u>	4 Name file number and address of labor organization Name <u>LABORERS LOCAL 1290</u> Labor Organization File Number <u>023 463</u> P O Box Building and Room Number if any Street <u>2600 Merriam Lane</u> City <u>KANSAS CITY</u> State <u>KANSAS</u> ZIP Code + 4 <u>66106</u>
5 Position in labor organization <u>BUSINESS MANAGER</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u>KC LABORERS HEALTH & WELFARE FUND</u> Trade Name if any P O Box Bldg Room No if any Street <u>6405 METCALF SUITE 200</u> City <u>OVERLAND PARK</u> State <u>KANSAS</u> ZIP Code + 4 <u>66202</u>	7 a Nature of Interest, Transaction or Income <u>Reimbursement Expenses for Attendance at International Foundation Benefits Conference</u> 7 b Amount <u>\$2419.00</u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Mark R Nidoff

On 8/16/05
Date

913 432 1903
Telephone Number

Name of Person Filing

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from or selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name Arnold Winter, New Blvd, Jackson P.C.

Trade Name if any

P O Box Bldg Room No if any

Street 1125 Grand Boulevard Suite 1600City KANSAS CITYState MissouriZIP Code + 4 64106**9 Business deals with**

a Labor Organization



b Trust



c Employer

10 If 9 b or 9 c is checked give trust or employer's nameName KC Laborers Health + Welfare Fund

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealingFund Counsel**11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received**5000 G.I. Certificate At Christmas**12 b Amount****C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment**13 b Is the Business an Employer** ☐or Consultant ☐

?

14 b Amount of payment

Name of Person Filing

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Employer Health Services

Trade Name if any

P O Box Bldg Room No if any

Street 429 North East 69 HighwayCity ClaycomoState Missouri ZIP Code + 4 64119

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Christmas Gift of 4 steaks

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

PO.00

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment.

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name Greater Kansas City Laborers Training

Trade Name if any _____

P O Box Bldg Room No if any _____

Street 8944 KAW DriveCity KANSAS CITYState KANSAS ZIP Code + 4 66111**9 Business deals with**☐ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name _____

Trade Name if any _____

P O Box Bldg Room No if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11 a Nature of such dealingApprentice Graduation Dinner**11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received**\$200**12 b Amount**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____

Trade Name if any _____

P O Box Bldg Room No if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14 a Nature of payment13 b Is the Business an Employer ☐ or Consultant ☒ ?**14 b Amount of payment**

ADDENDUM E [UNION TO UNION BENEFITS]

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

**ADDENDA TO THE LM-30 FROM WHICH IS TO BE
INCORPORATED AND MADE PART OF THE LM-30 FROM**

ADDENDUM A [UNSOLICITED GIFTS OR PROMOTIONAL ITEMS]

On several occasions in 2004, I recall that I was given [a] complimentary promotional item[s], such as a clothing item, accessory or printed material w/ with LIUNA logo, etc] At no time did I solicit such item[s], and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the item[s], and do not recall the manufacturer or provider of such [an] item[s]

ADDENDUM B [UNSOLICITED HOLIDAY GIFTS]

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items, a [fruit basket holiday turkey, holiday ham, gourmet foods, etc] At no time did I solicit such item[s], and it/they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office or destroyed." C F R 2635 205

ADDENDUM C [MEALS/EVENTS WITH FRIENDS]

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exist separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

**ADDENDUM D [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR
RECOLLECTION]**

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

August 10, 2005

U S Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Ave, NW
Washington, D C 20210

Re Form LM-30 Filing for Mark R Nidiffer

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report I have provided by best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record or any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark R Nidiffer", written in a cursive style.

Mark R Nidiffer